

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

19-15-15/11:18

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form    Re-filing to Change. ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Bart M. Novack

**3. Address** (include post office box or street, city, state, zip code)

15670 Cedar Grove Lane  
Wellington, FL 33414

**4. Telephone**

( 561 ) 790-3344

**5. E-mail address**

bartman1@bellsouth.net

**6. Office sought** (include district, circuit, group number)

Wellington Council  
Seat 4

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate

**9. I have appointed the following person to act as my**

☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

- SELF -

**11. Mailing Address**

**12. Telephone**

(      )

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Floridian Community Bank

**20. Address**

1314 Greenview Shores

**21. City**

Wellington

**22. County**

Palm Beach

**23. State**

Florida

**24. Zip Code**

33414

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

09/15/2015

**26. Signature of Candidate**

X

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Bart Novack, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer

9/15/2015

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

09-15-15/11:18 RCVD

I, Bart M Novack  
candidate for the office of Seat 4-Wellington Council  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Bart M Novack 9/15/15  
Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).